Name in Full: Mary Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel; MARYLAND

Date of death: Month: Oct; Day: 20; Years: Age 30 yrs; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: A A Co.

Occupation: Domestic; Where Residing if not at place of death: 5-8 Clay St.

Married, Single or Widowed: Married; Name of Wife or Husband: Louis Allen

Father's Name: Clayton Matthews; Father's Birthplace: A A Co.

Mother's Maiden Name: Mary Young; Mother's Birthplace: A A Co.

Name of person giving Information: Louis Allen; How related to deceased: Husband

CAUSES OF DEATH

Primary: Child Birth 135; How long: twelve hrs

Immediate: Uterine Hemmorhage; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Bidout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Catharine Rogers Andrews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: 1904 October 17

Age: Years 79 Months 6 Days

Sex: Female

Color or Race: White

Birthplace: Baltimore Co.

Occupation: Housewife.

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: James Andrews.

Father's Name: Nicholas Merryman.

Father's Birthplace: Balto. Co.

Mother's Maiden Name: Morgan Buck.

Mother's Birthplace: Balto. Co.

Name of person giving information: E. J. Andrews.

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease 79

How long: 1 yr

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Murphy

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Iva M. Baley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fernion Town — County: A A Co

Date of death	Month	Day	Years	Months	Days
1904	Oct.	3d	Age 1	4	3

Sex: Female — Color or Race: White — Birthplace: Annapolis

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm C Baley — Father's Birthplace: Pa

Mother's Maiden Name: Mary F Jones — Mother's Birthplace: Annapolis

Name of person giving In formation: Mary F Baley — How related to deceased: Mother

CAUSES OF DEATH

Primary: Marasmus — How long: 2 mos

Immediate: — How long: —

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J J Murphy

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: William Bishop

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: 1904 Oct. 6th — Age: Years 55 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: Physician — Where Residing if not at place of death: 1½ Church Circle

Married, Single or Widowed: Married — Name of Wife or Husband: Annie E. Bishop

Father's Name: Nicholas Bishop — Father's Birthplace: Annapolis

Mother's Maiden Name: Martha Wilmot — Mother's Birthplace: "

Name of person giving information: Charlotte Bishop — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis 27 — How long: Five months

Immediate: Insufficient Oxygen — How long: Two days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide? No

Signature of Physician

Address: Geo. Wells, Annapolis Md.

LIBRARY BUREAU A88916

Name in Full

Certificate of Death

Edith Viola Branford

Died at Town: Waterbury County: Anne Arundel MARYLAND

Date 1904 Month: 10. Day: 11. | Age Y. 8 M. — D. — | Native of Maryland | Occupation Infant.

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of / Wife

Father's Name Wm Branford | Mother's Maiden Name Lilly Hall.

Cause of Death: Primary ? Marasmus | Immediate Natural Causes — | How long sick

Accident, Suicide, Homicide

Reported by E. D. Soper Greater the Peace

Address Millersville Md Acting Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Information of this Case
given by Lilly Hall

Name in Full: Ann Rebecca Cook

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Maynards — County: Anne Arundel

Date of death: Month: Oct — Day: 15 — Year: 1904

Age: Years: 71 — Months: 8 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Anne Arundel Co

Occupation: housewife — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: widow — ~~Name of Wife or~~ Husband: Wm Cook

Father's Name: Nathaniel Hancock — Father's Birthplace: Anne Arundel Co Maryland

Mother's Maiden Name: Nancy — Mother's Birthplace:

Name of person giving information: Levin P. Cook — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 5 years

Immediate: Age, + General debility — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo H. Lorraine M D

Address: Ardmiger Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Robert Vinton Crandell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shady Side; County: A. A.

Date of death 1904: Month: Oct; Day: 15

Age: Years: —; Months: 9; Days: 8

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: None; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Louis Agustus Crandell; Father's Birthplace: Md

Mother's Maiden Name: Elizabeth A Dawson; Mother's Birthplace: Md

Name of person giving Imformation: Louis A Crandell; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis; How long: 14 days

Immediate: Convulsions; How long: 3 days

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Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo T Dent

Address: Chuchton Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Sarah Jane Crosby

CERTIFICATE OF DEATH

MARYLAND

Died at No. Cornhill Town Annapolis County A.A. Co

Date of death 1904 Month Oct Day Sun 30 Years Age 62 Months Days

Sex Female Color or Race White Birthplace Calvert Co.

Occupation Housewife. Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband George Crosby

Father's Name William Moreland Father's Birthplace Calvert Co

Mother's Maiden Name Miss Barbara Lloyd Mother's Birthplace Calvert

Name of person giving Information Mrs Mary E. Kerr How related to deceased Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Chronic Nephritis How long Several years

Immediate Coma How long 4 days

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Sewell S. Hepburn.

Address Annapolis. Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Norman Dunn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Ta. A. B.

Date of death: 1904 — Month: Oct — Day: 2

Age: Years: — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: Annapolis Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Norman Dunn — Father's Birthplace: U. States

Mother's Maiden Name: Viola Hill — Mother's Birthplace: U. S. A.

Name of person giving Information: Will Board — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 15 Months

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: John Edwards

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marley; County: Anne Arundel

Date of death: Month: Oct; Day: 3; Years: 75; Months: ; Days:

Sex: Male; Color or Race: Black; Birthplace: Anne Arundel Co Maryland

Occupation: Laborer; Where Residing if not at place of death:

Married, ~~Single or Widower~~: ; Name of Wife ~~or~~ Husband: Elizabeth Edwards

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving In formation: Jacob Edwards; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis; How long: 1 year

Immediate: Heart failure; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. H. Crane

Address: Arnold Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Elmira A Fairall

CERTIFICATE OF DEATH

Died at: Town: Odenton — County: Anne Arundel — MARYLAND

Date of death 1904: Month: Oct — Day: 2 — Age: Years: 52 — Months: 9 — Days: 20

Sex: Female — Color or Race: White — Birthplace: Severn

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Thomas Fairall

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George W Boyce — Father's Birthplace: Severn

Mother's Maiden Name: Charlettie Friedhofer — Mother's Birthplace: Odenton

Name of person giving information: Thomas Fairall — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 2 Years

Immediate: Sinope — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W DuBois M D

Address: Gambrills Md

Accident or Suicide? No

LIBRARY BUREAU ASSOC'S

Name in Full: Alice Sarah Rebecker Freeman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: 1904 Month: 10 Day: 9

Age: Years: — Months: 3 Days:

Sex: female

Color or Race: White (Am.)

Birthplace: Annapolis, Md.

Occupation: Infant

Where Residing if not at place of death: 72 East St

Married, Single or Widowed: —

Name of Wife or Husband:

Father's Name: Frederick Reppner

Father's Birthplace:

Mother's Maiden Name: Elizabeth Ellen Freeman

Mother's Birthplace: Annapolis Md

Name of person giving information: Mrs Freeman

How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition

How long: since birth

Immediate: Dyspeptic Diarrhoea

How long: 10 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Oliver Purvis, M.D.

Address: #126 Prince Geo St. Annapolis, Md.

Accident or Suicide? no

LIBRARY BUREAU A888/8

Name in Full

Certificate of Death

David Gualtius Giles

Town

County

Died at in Anne Arundel Co MARYLAND

Date 1904 Month Oct Day 21 Age Y. 1 M. 9 D. Native of Maryland Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name George W Giles

Mother's Name Estella May Giles

Cause of Death: Primary Enterocolitis

How long sick 3 months

Immediate Marasmus

~~Accident, Suicide, Homicide~~

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Reported by Arthur Williams

Address Elk Ridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: George W. Jacobs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of death 1900 — Month: Jan. — Day: 4 — Age — Years: — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Jacobs — Father's Birthplace:

Mother's Maiden Name: Elizabeth Dorsey — Mother's Birthplace:

Name of person giving information: Elizabeth — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Saddie Johns

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Camp Parole; County: A. A.

Date of death 1904: Month: Sept.; Day: 7

Age: Years: —; Months: 4; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Camp Parole

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Johns; Father's Birthplace: A. A. Co. Md.

Mother's Maiden Name: Josephine Semple; Mother's Birthplace: A. A. Co. Md.

Name of person giving Information: James Johns; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 5 days

Immediate: Heart Failure; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. L. Johnson

Address: 65 Carlisle St.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Lauren W Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death: Month: Oct. — Day: 23 — 1904

Age: Years: — Months: 6 — Days:

Sex: Male — Color or Race: Col. — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Johnson — Father's Birthplace: Md

Mother's Maiden Name: Maria Tilden — Mother's Birthplace: Md

Name of person giving information: Chas Tilden — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 6 Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Hanna Elizabeth Larimore

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) South River — (County) Anne Arundel

Date of death 1904 — Month: Oct — Day: 23

Age — Years: ~~Years~~ — Months: 6 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: James Larimore — Father's Birthplace: A. A. Co.

Mother's Maiden Name: Mollie Purdy — Mother's Birthplace: A. A. Co

Name of person giving In formation: Mollie Larimore — How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Diarrhoea — How long: 4 months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collinson

Address: South River Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Sadie Lee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: South River; County: Anne Arundel

Date of death: 1904 Month: Oct. Day: 24

Age: Years: 20 Months: Days:

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Fletcher Lee

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Lizzie Merchant

Mother's Birthplace: Talbot Co.

Name of person giving Information: Alice Nichols

How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Phthisis — How long: 2½ months

Immediate: Coma — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Collinson

Address: South River Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Still Born – Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Annapolis — (County): Anne Arundel — MARYLAND

Date of death: 1904 Oct 12 — Age: Years — Months — Days: Still Born

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: 170 Lincoln Place

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Stephen Matthews 32 — Father's Birthplace: A A Co.

Mother's Maiden Name: Angelina Gibbs 28 — Mother's Birthplace: A A Co.

Name of person giving information: Stephen Matthews — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born S. — How long: —

Immediate: " " — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Mary Wallace

Address: St. Johns St., Extended, Annapolis, Md.

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full [redacted] Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A

Date of death 1904 — Month: [redacted] — Day: [redacted] — Years: [redacted] — Months: Oct — Days: 25th

Sex: Male — Color or Race: Colored — Birthplace:

Occupation: — Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Wm Matthews — Father's Birthplace: Annapolis

Mother's Maiden Name: Isabella Johnson — Mother's Birthplace: Annapolis

Name of person giving Information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still-born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A6MD16

Name in Full: Eliza Noland

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Marley — County: Anne Arundel

Date of death 1904: Month: Oct — Day: 21 — Years: 55 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: —

Occupation: Domestic — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Marion Nolan

Father's Name: Puck Gray — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Columbus Franklin — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Amasarca — How long: 3 mos.

Immediate: General Amasarca Exhaustion — How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thomas Brayshaw

Address: Glen Burnie Md.

Accident or Suicide? —

LIBRARY BUREAU A8931B

Chas G. Bailey
1421 Jefferson St
Balto Md

Name in Full: Sarah Jane Norfolk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bristol; County: Anne Arundel

Date of death: Month: Oct. Day: 6 1904

Age: Years: 79 Months: Days:

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Widow

Name of Wife or Husband:

Father's Name: Parker

Father's Birthplace: Md.

Mother's Maiden Name: Rebecca Parker

Mother's Birthplace: Md

Name of person giving In formation: Agnes Griffith

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injury due to fall

How long: 5 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Emory C. Phelps

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Odenton; County: A. A. Co

Date of death: 1904; Month: Oct; Day: 15

Age: Years: —; Months: 1; Days: 14

Sex: Male; Color or Race: White; Birthplace: A. A. Co

Occupation: C; Where Residing if not at place of death: Odenton A. A. Co

Married, Single or Widowed: C; Name of Wife or Husband: C

Father's Name: Arthur T. Phelps; Father's Birthplace: Balto City

Mother's Maiden Name: Maggie Hood; Mother's Birthplace: A. A. Co

Name of person giving information: Arthur T. Phelps; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus; How long: 4 Wks

Immediate: Exhaustion

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. V. B. Gantt

Address: Millersville

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A0B516

Name in Full: Read

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Curtis Bay; County: a a

Date of death 1904: Month: 10; Day: 30

Age: Years: —; Months: —; Days: 1

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Jos C Read; Father's Birthplace: Md

Mother's Maiden Name: Marian Kearns; Mother's Birthplace: Md

Name of person giving Imformation: Jos C Read; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Labor 151; How long: —

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas A Brooke

Address:

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Jessie Walter Skates

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis Junc. County:

Date of death: 1904 Month: Oct 2 Day: Age: Years: 36 Months: Days: 25

Sex: Male Color or Race: Negro Birthplace: Annapolis

Occupation: Laborer Where Residing if not at place of death:

Married, Single or Widowed: single Name of Wife or Husband:

Father's Name: Benjamin Skates Father's Birthplace: Calvert Co

Mother's Maiden Name: Malinda Young Mother's Birthplace: Calvert Co

Name of person giving In formation: J. A. O'Donnell How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis How long: 2 years

Immediate: Heart failure How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Joseph L. Johnson

Address: 62 Cathedral

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John C Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1907 — Month: Oct — Day: 29 — Age: Years 51 — Months 3 — Days 10

Sex: Male — Color or Race: White — Birthplace: Balto. Md.

Occupation: Stone cutter — Where Residing if not at place of death:

Married, Single or Widowed: M — Name of Wife or Husband: Sarah Jones Smith

Father's Name: William C Smith — Father's Birthplace: England

Mother's Maiden Name: Sarah Jones — Mother's Birthplace: Scotland

Name of person giving information: Allen Slaughter — How related to deceased: Foreman

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Blow from falling derrick — How long: Instantaneous

Immediate: Paralysis of Vasomotor Centre — How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Wastheu

Address: U.M. Hospital

Accident or Suicide? accident

LIBRARY BUREAU A88816

Name in Full: Matilda Stewart

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mayo — County: Anne Arundel

Date of death 1904 — Month: Oct — Day: 31

Age — Years: 70 — Months: — Days:

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Mayo.

Married, ~~Single~~ or Widowed — Name of Wife or Husband: George Stewart

Father's Name: don't know — Father's Birthplace:

Mother's Maiden Name: don't know — Mother's Birthplace:

Name of person giving In formation: John Boston — How related to deceased: friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Stomach — How long: 2 yrs

Immediate: Exhaustion — How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collinson

Address: South Rivd Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Mary E Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Port — County: Anne Arundel

Date of death 1904: Month: Oct. — Day: 9th — Age: Years: 45 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: N. J.

Occupation: House Wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Jas M. Smith

Father's Name: Aaron Sivers — Father's Birthplace: N. J.

Mother's Maiden Name: [illegible] — Mother's Birthplace: " "

Name of person giving In formation: James M Smith — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplectic Paralysis 64 — How long: 10 mos.

Immediate: Uraemic Poisoning from Bls Disease — How long: 3 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm E Rideout

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A8501

Name in Full: Julia Ann Turner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shady Side; County: A A

Date of death: Month: Oct; Day: 8; 1904

Age: Years: 75; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Md

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: John T Turner

Father's Name: John Mack

Father's Birthplace: —

Mother's Maiden Name: Rachel Rogers

Mother's Birthplace: —

Name of person giving Information: John T Turner

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis

How long: 4 mos

Immediate: Pulmonary Oedema

How long: one day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Dent

Address: Churchton

Accident or Suicide? —

LIBRARY BUREAU A68816

Name in Full: Edmund Francis Witmer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waterbury; County: A. A. Co

Date of death: Month: Oct; Day: 17; 1904

Age: Years: 84; Months; Days

Sex: M

Color or Race: W

Birthplace: Va.

Occupation: Merchant

Where Residing If not at place of death

~~Married, Single~~ or Widowed

Name of Wife or Husband

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Father's Name

Father's Birthplace

Mother's Maiden Name: Isabella Fleming Claymaker

Mother's Birthplace

Name of person giving In formation: Joseph T. Smith

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Age - General debility

How long: 21 days.

Immediate

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Joseph T. Smith

Address: The Cecil Baltimore Md

Accident or Suicide?

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